

2010 2010 2010

Open Enrollment

Active Employees



2010

Health • Prescription • Dental



State of Delaware

Table of Contents



Introduction/What's New!—2010 Benefits Open Enrollment	1 & 2
2010 Enrollment Action Checklist	3
About Your Health Care Coverage	4
Notice of Special Enrollment Rights	4
Qualifying Events	4
Health Plan Descriptions	5
Aetna HMO	5
BCBS of Delaware: First State Basic Plan	5
BCBS of Delaware: Comprehensive PPO	5
BCBS of Delaware Blue Care® HMO	5
Adult Dependent Program (ages 21 to 24)	5
Summary of Benefits	
First State Basic Plan	6
Comprehensive Preferred Provider Organization	7
HMO Plans	8
2010 Health Plan Rates	9
Prescription Coverage through Medco	10
2010 Prescription Changes/Copay Rates	10
Coverage Review Process.....	11
Questions About Your Prescription Coverage.....	11
Employee Assistance Program (EAP)	12
Blood Bank of Delmarva.....	12
About Your Dental Plan	13
Delta Dental PPO Plus Premier Plan	13
Dominion Dental HMO Plan	13
2010 Dental Coverage Rates	13
About Your Statewide Supplemental Benefit Plans	14
Vision Benefits through VSP®.....	14
Legal Insurance Plan through ARAG®	15
Auto & Homeowners Insurance Program through Liberty Mutual	15
Pet Insurance through 24Petwatch®	15
Long-Term Care Insurance through John Hancock	16
Other Active Statewide Benefit Programs	16
Group Universal Life Insurance Program	16
Pre-Tax Commuter Benefit Program	16
State of Delaware Deferred Compensation Plans	17
Spousal Coordination of Benefits Policy.....	18
Double State Share	19
Statewide Benefit Health Fairs	21
Phone Numbers and Websites	Back Cover

Introduction & What's New!



2010 Benefits Open Enrollment

The State Employee Benefits Committee presents your 2010 Open Enrollment information. This comprehensive package covers the health, dental and prescription needs of all benefit eligible State of Delaware employees and pensioners as well as their dependents. Despite continued financial pressures, employee premiums for medical plans have not increased this year. A few coverage changes are being implemented in an effort to control costs. These changes can be found in the What's New! section below. Please take the time to review all of the benefit options and choose the plans that fit your needs as open enrollment is the one time each year to enroll, make changes or terminate coverage in these plans. More information can be found at the Statewide Benefits website – www.ben.omb.delaware.gov.

Statewide Benefits Office Mission Statement

Our mission is to support the health of employees and pensioners by providing progressive comprehensive benefits, quality customer service, ongoing employee education and efficient management to ensure the best interests of program participants.

What's New!

Michelle's Law

- This law allows a college student, enrolled as a dependent child on the employee's medical care plan, who suffers from a serious illness which requires the student to be on a medical leave of absence from school or a reduced class schedule (full-time to part-time) to retain medical care coverage via his/her parent's health care plan. A physician's documentation is required. Additional information is available at www.ben.omb.delaware.gov/medical.

Mental Health Parity

- This law allows members to receive equal coverage for mental health and substance abuse services, costs, and treatment as provided for medical or surgical benefits. Additional information is available at www.ben.omb.delaware.gov/medical.

All Infertility Services

- Members receiving infertility services included but not limited to In Vitro Fertilization (IVF) and Artificial Insemination, will be required to pay a 25% coinsurance for medical care and prescription services associated with these services. IVF services must be pre-approved by the medical care provider, Blue Cross Blue Shield of Delaware or Aetna. There will be a \$10,000 lifetime maximum for medical care services for infertility and a \$15,000 lifetime maximum for all medications for infertility. Members approved for IVF prior to July 1, 2010 and who have received IVF services through their medical carrier at any time since January 1, 2009, are responsible for the 25% coinsurance on all infertility services (medical care and prescription services) and will be "grandfathered" to retain a lifetime maximum of \$30,000. Additional information is available at www.ben.omb.delaware.gov/medical.

Bariatric Surgery

- Members shall receive full medical care coverage for this type of surgery when the procedure is provided at an approved facility (hospital or surgical center). Members with medical care coverage through Aetna must utilize an "Institute of Excellence for Bariatric Surgery". Those members with medical care coverage through Blue Cross Blue Shield of Delaware must utilize a "Blue Distinction Center for Bariatric Surgery." If a member has a bariatric procedure performed at an unauthorized facility (hospital or surgical center) the member is responsible for 25% coinsurance. Additional information and listings of approved facilities are available at www.ben.omb.delaware.gov/medical.

Virtual Colonoscopy

- This method of colorectal screening is now available under all medical care plans. A Virtual Colonoscopy, also known as a Computed Tomographic Colonography (CTC), can replace the traditional Colonoscopy. Members are encouraged to discuss this procedure with their physician, as some members require a follow-up traditional Colonoscopy. The member is responsible for the applicable out-of-pocket expenses. Additional information is available at www.ben.omb.delaware.gov/medical.

What's New!



High-Tech Imaging Scans and Tests

- Scans and tests classified as High-Tech Imaging are Computerized Tomography (CT)/Computed Tomography Angiography (CTA), Magnetic Resonance Imaging (MRI)/Magnetic Resonance Angiography (MRA), Positron-Emission Tomography (PET), and Nuclear Cardiac Imaging studies.

Requests for these tests, to be performed as an out-patient, must be reviewed and approved through MedSolutions to determine if the test is appropriate for the member's medical condition. It is the treating physician's responsibility to submit and receive approval for the high-tech imaging test(s) prior to the member receiving the test. When the physician receives approval the test may then be scheduled with the testing facility.

Failure to receive approval prior to having the test performed will result in the claim being denied and the provider is held accountable for the entire cost of the test. Tests and scans performed during a member's hospitalization or Emergency Room visit are exempt from this program. The member is responsible for applicable out-of-pocket expenses. Additional information is available at www.ben.omb.delaware.gov/medical.

Hospice Care

- All medical plans now include a 365 day hospice care benefit. Additional information is available at www.ben.omb.delaware.gov/medical.

Prescription Plan Changes

- Some health conditions require medications that are classified as "specialty medications" and are provided through Medco's Specialty Pharmacy, Accredo Health. Medications used to treat some forms of cancer and multiple sclerosis will be classified and administered as "specialty medications". Staff from Accredo Health will reach out to physicians and members to work together in managing the member's medical needs.
- Some medications used to treat migraine headaches are part of the Step Therapy Program, which requires the member to try one of the "preferred or formulary" medications, Sumatriptan, Maxalt, Maxalt MLT or Relpax, before obtaining a "non-preferred or non-formulary" medication. The non-preferred migraine headache medications are Amerge, Axert, Frova, Treximet and Xomig/ZMT.
- When a member receives a new prescription for Coumadin, or its generic Warfarin, (blood thinners) or a new prescription for Tamoxifen (used to prevent a recurrence of breast cancer), the member will be provided the opportunity to voluntarily participate in Medco's Personalized Medicine program. This program provides genetic testing to members using either of these medications to ensure that the medication is effective in treating the member's medical condition in accordance with the member's genetic characteristics.

Additional information is available at www.ben.omb.delaware.gov/script.

The benefits you elect during the Open Enrollment period will take effect July 1, 2010.

Please keep this booklet as a reference to use throughout the plan year.

If you cover your spouse in one of the State of Delaware Group Health Insurance medical plans, you **MUST** complete a new Spousal Coordination of Benefits form each year during Open Enrollment and anytime your spouse's employment or insurance status changes.

Failure to complete this form will result in a reduction of spousal benefits.

You **MUST** complete the form online at www.ben.omb.delaware.gov/documents/cob no later than May 19, 2010. If you do not have access to a computer, contact your Human Resources or Benefits Office.
Go to page 18 for complete details.

2010

2010 Enrollment Action Checklist



OPEN ENROLLMENT is May 3 - May 19, 2010

DEADLINE: You must enroll online on the eBenefits site at <https:phstrapd.spo.state.de.us> by May 19, 2010

- ☐ Read all Open Enrollment information contained in this booklet.
- ☐ Mark your calendar to attend one of the Statewide Benefit Health Fairs (see page 21 for dates, times, and locations).
- ☐ Review “Open Enrollment Frequently Asked Questions” (FAQ) located on the Statewide Benefits website at www.ben.omb.delaware.gov/oe.
- ☐ If you wish to enroll in the VSP vision plan or change current coverage, please visit www.vsp.com/go/stateofdelaware or call 1-800-400-4569. For more detailed information see page 14 of this booklet..
- ☐ If you are not making any changes and **do not cover a spouse** under your State of Delaware Group Health Insurance medical plan, no action is required.
- ☐ **If you cover your spouse in one of the State of Delaware Group Health Insurance medical plans**, go to page 18 for complete details.

If you are enrolling in any plan or enrolling a spouse or dependent for the first time:

- ☐ If enrolling in an HMO (health or dental) plan for the **FIRST TIME**, make sure, **before you enroll**, that your health or dental provider participates in the plan you select and enter their provider information online when you enroll.
REMEMBER: You cannot change plans during the plan year if your provider decides to no longer participate in the plan.
- ☐ If enrolling a spouse for the **FIRST TIME**: You must supply a copy of your marriage certificate to your organization’s Human Resources or Benefits Office.
- ☐ If enrolling a dependent for the **FIRST TIME**: You **MUST** submit a copy of the birth certificate or other legal document to your organization’s Human Resources or Benefits Office.
- ☐ If enrolling in the Blood Bank for the **FIRST TIME**: You **MUST** enroll online **and** complete a Blood Bank application to submit to your organization’s Human Resources or Benefits Office.

To enroll or make changes online in your health, dental or blood bank coverage:

- ☐ Refer to the eBenefits Quick Reference Guide (online at www.ben.omb.delaware.gov/oe) for complete login and enrollment instructions.
- ☐ **If you have general online enrollment or benefits questions**, call the Open Enrollment Help Desk at 1-800-489-8933 from 8 a.m. to 4:30 p.m. Monday through Friday during the Open Enrollment period.
- ☐ **If you do not have access to a computer**, or have questions about your benefits or eligible dependents, contact your organization’s Human Resources or Benefits Office.
- ☐ **If you need your password reset** - go to www.omb.delaware.gov/epay, Click on **USER ACCOUNT ASSISTANCE** (located on the left hand side), Click on “[Submit an online request](#)” and complete and submit the form to have your password reset. For additional information view the last page of the eBenefits Quick Reference Guide at www.ben.omb.delaware.gov/oe.

Confirmation Statements will no longer be mailed to your home following Open Enrollment. To view your benefits elections following Open Enrollment you **MUST** access the Benefits Summary section under Employee Self Service in (PHRST). Please refer to the eBenefits Quick Reference Guide (www.ben.omb.delaware.gov/oe), for more detailed instructions. If an error has been made, you **MUST** contact your organization’s HR/Benefits Office to correct the error by June 4, 2010. **No corrections will be made after June 4, 2010.**

About Your Health Care Coverage

Notice of Special Enrollment Rights

If you decline enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents. To request special enrollment or obtain more information, contact your organization's Human Resources or Benefits Office.

***Requests for special enrollment rights must be made within 30 days of the date of the qualifying event.**

Special Enrollment Rights for Individuals Eligible for the Delaware Healthy Children Program (CHIP)

If you or a dependent are eligible for but not enrolled in coverage under one of the State of Delaware Group Health Insurance plans, you may enroll in coverage if you or your dependent's Medicaid or CHIP coverage is terminated as a result of loss of eligibility for that coverage, or you or your dependent become eligible for a premium assistance subsidy under Medicaid or CHIP (not currently offered in Delaware). You must request enrollment in the plan within 60 days of the date you or your dependent lost Medicaid or CHIP coverage or within 60 days of the date your eligibility for premium assistance is determined under Medicaid or CHIP.

Qualifying Events

You may not make changes at any other time during the year unless you experience a qualifying event. Therefore, if you want to make any changes in your coverage, now is the time to do it.

Qualifying events include, but may not be limited to:

- Birth or adoption of a child
- Marriage
- Divorce
- Employment of spouse
- Involuntary loss of spouse coverage
- Spouse's employment termination
- Child now eligible for coverage
- Death of a spouse or dependent
- Spouse becomes a State of Delaware employee

If you want to make a benefit or dependent change as a result of a qualifying event during the year, you must contact your organization's Human Resources or Benefits Office within 30 days of the qualifying event and request the change.

You can find a complete copy of the State's Group Health Insurance Program Eligibility and Enrollment Rules at www.ben.omb.delaware.gov/documents.

2010

About Your Health Care Coverage



Health Plan Descriptions

Aetna HMO

Simple, Smart and Save...Choose Aetna this Open Enrollment!

- **Local and National Network Access**-It's simple to access care from Aetna's large network of providers in DE, PA, SNJ, MD...and across the country!
- **Get Smart About Your Health**-Aetna's HMO includes your own Personal Health Record (PHR).
- **Save with Aetna Discount Programs**-Aetna offers discounts such as: Vision Discounts, Gym Discounts, Vitamin and Gym Equipment Discounts, Hearing Aid Discounts, Massage Therapy Services and more. Join Aetna and get these additional perks!

Referrals are required for certain services and are obtained through your primary care physician.

Call customer service at 1-877-542-3862 to learn more about how **Aetna HMO** has everything you need to help you be your healthiest. Additional information can be viewed at www.ben.omb.delaware.gov/medical/Aetna

Blue Cross Blue Shield of Delaware: First State Basic Plan

In-network services will have a deductible of \$500 per individual and \$1,000 per family. The plan will then pay at 90% of the BCBSO allowable charge. The out-of-pocket maximum is \$2,000 per individual and \$4,000 per family (including the deductible) per plan year. The out-of-pocket maximum applies to medical services only. Copayments for prescription medications are not applied to the out-of-pocket maximum. Preventive services are covered in network at 100% of the allowable charge and are not subject to a deductible or co-insurance. (See page 6).

Out-of-network services will be subject to a deductible of \$1,000 per individual and \$2,000 per family and then the plan will pay at 70% of the allowable charge. The out-of-pocket maximum is \$4,000 per individual and \$8,000 per family per plan year. (See page 6).

Blue Cross Blue Shield of Delaware: Comprehensive Preferred Provider Organization(PPO) Plan

Using in-network services you will pay a small copay/coinsurance with no deductible. If you use out-of-network providers, you must meet a \$300 per person/\$600 per family plan year deductible unless otherwise noted. The out-of-pocket maximum is \$1,800 per person/\$3,600 per family (including the deductible) per plan year. The out-of-pocket maximum applies to medical services only. Copayments for prescription medications are not applied to the out-of-pocket maximum.

Blue Cross Blue Shield of Delaware Blue Care® HMO

Blue Care® is BCBSO's HMO-Managed Care plan in which each member must select a primary care physician (PCP) to coordinate his/her health care needs. Referrals are required for certain services and are obtained through your primary care physician.

NOTE: BCBSO's allowable charges are based on the price BCBSO determines is reasonable for care or services provided.

***Complete information on all Blue Cross plans, including a summary plan description, can be found at www.ben.omb.delaware.gov/medical/bchs**

Adult Dependent Program (ages 21 to 24)

The Adult Dependent Program is available to members of the State of Delaware's Group Health Insurance program to provide a period of health care coverage to adult dependents between the ages of 21 and 24 who are no longer eligible to be covered under the parent or legal guardian's State of Delaware plan due to age and non-student status.

An Adult Dependent must enroll in the same plan which provides coverage to their parent or legal guardian who has Group Health Insurance through the State of Delaware. Contact the appropriate health care carrier (Blue Cross Blue Shield of Delaware or Aetna) directly for more detailed information on eligibility, enrollment and payment requirements.

Enrollment is available during Open Enrollment or within 30 days of loss of coverage under the parent or legal guardian's State of Delaware plan.

Additional information can be viewed at www.ben.omb.delaware.gov/medical

***More information about changes to dependent coverage due to Health Care Reform will be available in the near future.**

Tip: Considering an HMO?

Go to the Statewide Benefits Office, OMB website at www.ben.omb.delaware.gov, under Group Medical Plans, select carrier (Blue Cross or Aetna). Select "Find a Health Care Provider" for BCBSO OR select "Locate Participating Providers - Doc Find" for Aetna to check on which health care professionals are on their approved provider lists.

2010

2010 Open Enrollment - State of Delaware

Summary of Benefits



First State Basic Plan

This Summary of Benefits highlights the health plans available. Summary Plan Booklets are available at www.ben.omb.delaware.gov/medical.

Description of Benefit	In-Network Benefits Deductible: \$500/\$1,000* Out-of-Pocket Max: \$2,000/\$4,000** including deductible	Out-of-Network Benefits Deductible: \$1,000/\$2,000* Out-of-Pocket Max: \$4,000/\$8,000** including deductible
Inpatient Room & Board	90% after deductible	70% after deductible
Inpatient Physicians' and Surgeons' Services	90% after deductible	70% after deductible
Outpatient Services	90% after deductible	70% after deductible
Prenatal and Postnatal Care	90% after deductible	70% after deductible
Delivery Fee	90% after deductible	70% after deductible
Hospice	90% after deductible for up to 365 days	70% after deductible for up to 365 days
Home Care Services	90% after deductible for up to 240 days per plan per year	70% after deductible for up to 240 days per plan per year
Urgent Care	100% after \$25 copay	100% after \$25 copay
Emergency Services	90% after deductible	70% after deductible
MENTAL HEALTH CARE/SUBSTANCE ABUSE CARE		
Inpatient Acute/Partial Hospitalization	90% after deductible (subject to authorization)	70% after deductible (subject to authorization)
Outpatient	90% after deductible	70% after deductible
OTHER SERVICES		
Durable Medical Equipment	90% after deductible	70% after deductible
Skilled Nursing Facility	90% for up to 120 days per confinement	70% for up to 120 days per confinement
Emergency Ambulance	90% after deductible	70% after deductible
Physician Home/Office Visits (sick)	90% after deductible	70% after deductible
Specialist Care	90% after deductible	70% after deductible
Chiropractic Care	90% after deductible for up to 30 visits per plan year	70% after deductible for up to 30 visits per plan year
Allergy Testing/Allergy Treatment	90% after deductible	70% after deductible
X-Ray, MRI's, CT Scans, PT Scans, Lab & Other Diagnostic Services	90% after deductible	70% after deductible
Short-Term Therapies: Physical, Speech, Occupational	90% after deductible (subject to authorization)	70% after deductible (subject to authorization)
Annual Gyn Exam/Pap Smear	100% covered, no deductible	70% covered, no deductible
Periodic Physical Exams, Immunizations, Diabetes Education	100% covered, no deductible	70% covered, no deductible
Vision Care	Not covered	Not covered
Hearing Tests	100% covered, no deductible	70% covered, no deductible
Hearing Aids	90% after deductible, under age 24	70% after deductible, under age 24
ALL INFERTILITY SERVICES		
	25% coinsurance \$10,000 lifetime maximum for medical services 25% coinsurance \$15,000 lifetime maximum for prescription services	25% coinsurance \$10,000 lifetime maximum for medical services 25% coinsurance \$15,000 lifetime maximum for prescription services
BARIATRIC SURGERY		
	Must use "Institute of Excellence for Bariatric Surgery" If an unauthorized hospital/surgical center, 25% coinsurance	Must use "Blue Distinction Center for Bariatric Surgery" If an unauthorized hospital/surgical center, 25% coinsurance

*Two individuals must meet the deductible each plan year in order for the family deductible to be met.

** Out-of-pocket maximums apply to each plan year and include your deductible but do not include your prescription costs.

Summary of Benefits



Comprehensive Preferred Provider Organization

This Summary of Benefits highlights the health plans available. Summary Plan Booklets are available at www.ben.omb.delaware.gov/medical.

Description of Benefit	In-Network Benefits	Out-of-Network Benefits Deductible: \$300/\$600*
		Out-Of-Pocket Max: \$1,800/\$3,600 Including Deductible**
Inpatient Room & Board	\$100 copay/day with max. of \$200/admission	80% after deductible
Inpatient Physicians' and Surgeons' Services	100%	80% after deductible
Outpatient Services	100%	80% after deductible
Prenatal and Postnatal Care	100% (inpatient room and board copays do apply to hospital deliveries/birthing centers)	80% after deductible
Delivery Fee	100%	80% after deductible
Hospice	100% up to 365 days	80% after deductible up to 365 days
Home Care Services	100%	80% after deductible for up to 240 visits per plan year
Urgent Care	\$25 copay	80% after deductible
Emergency Services	\$125 copay (waived if admitted)/Physician: 100%	\$125 copay (waived if admitted)/Physician: 80% after deductible
MENTAL HEALTH CARE/SUBSTANCE ABUSE CARE		
Inpatient Acute/Partial Hospitalization	\$100 copay/day with max of \$200/adm. (subject to authorization)	80% after deductible (subject to authorization)
Outpatient	100% after \$25 copay	80% after deductible
OTHER SERVICES		
Durable Medical Equipment	100%	80% after deductible
Skilled Nursing Facility	100% up to 120 days per confinement	80% after deductible up to 120 days per confinement
Emergency Ambulance	100%	100% no deductible
Physician Home/Office Visits (sick)	\$15 copay	80% after deductible
Specialist Care	\$25 copay	80% after deductible
Chiropractic Care	85% covered; 30 visits per plan year	80% after deductible; 30 visits per plan year
Allergy Testing/Allergy Treatment	Testing: \$25 copay/ Treatment: \$5 copay	80% after deductible
X-Ray, MRI's , CT Scans, PT Scans, Lab & Other Diagnostic Services	Lab: \$5 copay per visit/X-ray: \$15 copay per visit	80% after deductible
Short-Term Therapies: Physical, Speech, Occupational	85%	80% after deductible
Annual Gyn Exam/Pap Smear	Exam: \$15 copay Pap Smear: \$5 copay	80% after deductible
Periodic Physical Exams, Immunizations, Diabetes Education	100% after \$15 copay	80% after deductible
Vision Care	Not covered	Not covered
Hearing Tests	100% after office visit copay	80% after deductible
Hearing Aids	100%, under age 24	80% after deductible, under age 24
ALL INFERTILITY SERVICES		
	25% coinsurance \$10,000 lifetime maxium for medical services 25% coinsurance \$15,000 lifetime maxium for prescription services	25% coinsurance \$10,000 lifetime maxium for medical services 25% coinsurance \$15,000 lifetime maxium for prescription services
BARIATRIC SURGERY		
	Must use "Institute of Excellence for Bariatric Surgery" If an unauthorized hospital/surgical center, 25% coinsurance	Must use "Blue Distinction Center for Bariatric Surgery" If an unauthorized hospital/surgical center, 25% coinsurance

*Two individuals must meet the deductible each plan year in order for the family deductible to be met.

** Out-of-pocket maximums apply to each plan year and include your deductible but do not include your prescription costs.

Summary of Benefits



HMO Plans

This Summary of Benefits highlights the health plans available. Summary Plan Booklets are available at www.ben.omb.delaware.gov/medical.

Description of Benefit	Aetna	Blue Care
Inpatient Room & Board	\$100 copay/day with max of \$200/admission	\$100 copay/day with max of \$200/admission
Inpatient Physicians' and Surgeons' Services	100%	100%
Outpatient Surgery—Ambulatory Center	\$30 copay	\$30 copay
Outpatient Surgery—Doctor's Office Visit	\$20 copay	\$20 copay
Outpatient Surgery—Hospital	\$75 copay	\$75 copay
Prenatal and Postnatal Care	100% after \$20 initial copay (inpatient room and board copays do apply to hospital deliveries/birthing centers)	100% after \$20 initial copay (inpatient room and board copays do apply to hospital deliveries/birthing centers)
Delivery Fee	100%	100%
Hospice	100% up to 365 days	100% up to 365 days
Home Care Services	100% for up to 240 visits per plan year	100% for up to 240 visits per plan year
Urgent Care	\$20 copay	\$20 copay
Emergency Services	\$135 copay (waived if admitted)	\$135 copay (waived if admitted)
MENTAL HEALTH CARE/SUBSTANCE ABUSE CARE		
Inpatient Acute/Partial Hospitalization	\$100 copay/day with max. of \$200/hospitalization (subject to authorization)	\$100 copay/day with max. of \$200/hospitalization (subject to authorization)
Outpatient	\$20 copay per visit	\$20 copay per visit
OTHER SERVICES		
Durable Medical Equipment	80%, limited to \$5,000 per member per plan year	80%
Skilled Nursing Facility	100%	100%
Emergency Ambulance	\$50 copay	\$50 copay
Physician Home/Office Visits (sick)	\$10 copay per office visit \$25 copay per home or after hours visit	\$10 copay per office visit \$25 copay per home or after hours visit
Specialist Care	\$20 copay per visit	\$20 copay per visit
Chiropractic Care	\$20 copay per visit	\$20 copay first visit, then 80%/up to 60 consecutive days per condition
Allergy Testing/Allergy Treatment	\$20 copay per visit (allergy testing)/ \$5 copay per visit (allergy treatment)	\$20 copay per visit (allergy testing)/ \$5 copay per visit (allergy treatment)
X-Ray, Lab & Other Diagnostic Services	Lab: \$5 copay per visit/X-Ray: \$15 copay per visit	Lab: \$5 copay per visit/X-Ray: \$15 copay per visit
MRI's, CT Scans, & PET Scans	\$25 copay per visit	\$25 copay per visit
Short-Term Therapies: Physical, Speech, Occupational	80%, 45 visits per condition for physical and occupational therapy combined/ 80%, 45 visits per condition for speech therapy	80%, 60 consecutive days/except for physical therapy. Physical therapy/45 visits per condition
Annual Gyn Exam Pap Smear	Exam: \$10 copay Pap Smear: \$5 copay	Exam: \$10 copay Pap Smear: \$5 copay
Periodic Physical Exams, Immunizations, Diabetes Education	\$10 copay per visit/100% Diabetes education	\$10 copay per visit/100% Diabetes education
Vision Care	100% after office visit copay (one exam every 24 months)	100% after office visit copay (one exam every 24 months)
Hearing Tests	100% after office visit copay	100% after office visit copay
ALL INFERTILITY SERVICES		
	25% coinsurance \$10,000 lifetime maximum for medical services 25% coinsurance \$15,000 lifetime maximum for prescription services	25% coinsurance \$10,000 lifetime maximum for medical services 25% coinsurance \$15,000 lifetime maximum for prescription services
BARIATRIC SURGERY		
	Must use "Institute of Excellence for Bariatric Surgery" If an unauthorized hospital/surgical center, 25% coinsurance	Must use "Blue Distinction Center for Bariatric Surgery" If an unauthorized hospital/surgical center, 25% coinsurance

2010 Health Plan Rates



	Total Monthly Rate	State Pays	Employee Pays
Aetna HMO <i>Administered by Aetna</i>			
Employee	\$537.22	\$514.56	\$22.66
Employee & Spouse	\$1,132.64	\$1,064.66	\$67.98
Employee & Child(ren)	\$821.80	\$782.20	\$39.60
Family	\$1,413.30	\$1,330.86	\$82.44
First State Basic Plan <i>Administered by Blue Cross Blue Shield of Delaware</i>			
Employee	\$514.56	\$514.56	\$0
Employee & Spouse	\$1,064.66	\$1,064.66	\$0
Employee & Child(ren)	\$782.20	\$782.20	\$0
Family	\$1,330.86	\$1,330.86	\$0
BlueCARE® HMO <i>Administered by Blue Cross Blue Shield of Delaware</i>			
Employee	\$537.66	\$514.56	\$23.10
Employee & Spouse	\$1,136.22	\$1,064.66	\$71.56
Employee & Child(ren)	\$822.62	\$782.20	\$40.42
Family	\$1,417.62	\$1,330.86	\$86.76
Comprehensive PPO Plan <i>Administered by Blue Cross Blue Shield of Delaware</i>			
Employee	\$587.46	\$514.56	\$72.90
Employee & Spouse	\$1,219.04	\$1,064.66	\$154.38
Employee & Child(ren)	\$905.38	\$782.20	\$123.18
Family	\$1,523.98	\$1,330.86	\$193.12

When you enroll in a health plan, you will automatically be enrolled in the prescription drug plan managed by Medco.

* Rates listed above are per month.

Prescription Coverage



Medco

When you enroll in a health care plan, you will automatically be enrolled in the prescription drug plan managed by Medco Health Solutions, Inc. (Medco). The Coordination of Benefits (COB) policy also applies to prescription coverage. If your spouse or dependents have other health coverage that is primary (pays first), the prescription coverage provided through the State's plan for the spouse or dependents will become secondary.

The State of Delaware, in partnership with Medco, has designed and implemented a comprehensive prescription drug program to provide you with the medications required in a cost-effective and efficient manner. Your copays remain unchanged for the coming plan year.

Copay for diabetic supplies is \$0. If multiple prescriptions are filled for diabetic medications on the same date, only one copay is charged regardless of the number of diabetic medications filled. Contact Medco at 1-800-939-2142 for details on covered supplies.

2010 Prescription Copay Rates

STATE OF DELAWARE PRESCRIPTION COVERAGE	TIER 1 GENERIC	TIER 2 PREFERRED	TIER 3 NON-PREFERRED
30-DAY SUPPLY	\$8.50	\$20.00	\$45.00
90-DAY SUPPLY	\$17.00	\$40.00	\$90.00

**No Changes to Copays in 2010*

Maintenance Medication Program

Maintenance Medications are those used to treat chronic conditions and long-term conditions. Examples include blood pressure medications, cholesterol-lowering medications, and asthma medications. For more information, see www.ben.omb.delaware.gov/script.

Since July 1, 2009, the State of Delaware Prescription Plan has required that maintenance medications be filled for 90 days and a penalty applies when a 30-day prescription is filled for the 4th time. The penalty is that the member receives a 30-day supply of medication and is charged the 90-day copay, as shown on the chart below.

STATE OF DELAWARE MAINTENANCE MEDICATION PROGRAM	TIER 1 GENERIC	TIER 2 PREFERRED	TIER 3 NON-PREFERRED
Penalty: On the 4th fill of a 30-day supply of a Maintenance Medication member receives 30 days of medication and pays the 90-day copay	\$17.00	\$40.00	\$90.00

Members can avoid paying a penalty by asking their doctor to write maintenance medication(s) prescriptions for a 90-day supply. Members can then fill 90-day prescriptions:

1. At **retail pharmacies participating in the 90-day network**: Visit the Statewide Benefits website at www.ben.omb.delaware.gov/script to view a list of retail pharmacies participating in the 90-day network or call Medco at 1-800-939-2142 to ask about a particular pharmacy.
2. Through **Medco By Mail**: To get started call 1-800-939-2142 to speak with one of Medco's Member Services representatives.

CHANGES TO PRESCRIPTION PLAN AS OF JULY 1, 2010

Specialty Medications – Some health conditions require medications that are classified as “specialty medications” and are provided through Medco's Specialty Pharmacy, Accredo Health. Medications used to treat some forms of cancer and multiple sclerosis are classified and administered as “specialty medications.” For additional information, see www.ben.omb.delaware.gov/script.

All Infertility Program Medications – Prescriptions for all infertility medications have a 25% coinsurance. For more information on All Infertility Program Medications, including coinsurance and lifetime maximums, visit www.ben.omb.delaware.gov/medical.

Prescription Coverage



Migraine Medications – Some medications used to treat migraine headaches (Amerge, Axert, Frova, Treximet and Xomig/ZMT) are now part of the Step Therapy Program, which requires members to try one of the “preferred or formulary” medications (Sumatriptan, Maxalt, Maxalt MLT or Relpax) before obtaining a “non-preferred or non-formulary” medication. For more information, see www.ben.omb.delaware.gov/script.

Coumadin/Warfarin and Tamoxifen – When a member receives a new prescription for Coumadin, or its generic Warfarin (blood thinners), or a new prescription for Tamoxifen (used to prevent recurrence of breast cancer), the member will be provided the opportunity to voluntarily participate in Medco’s Personalized Medicine program. This program provides genetic testing to members using either of these medications to ensure that the medication is effective in treating the member’s medical condition in accordance with the member’s genetic characteristics. For more information, see www.ben.omb.delaware.gov/script.

The Coverage Review Process

The Coverage Review Process was designed to ensure that plan participants receive prescription medication that results in appropriate, cost-effective care. If you are taking any of the medications referenced in the programs below, Medco will review the prescriptions with your doctor before the prescription is filled if additional information is required. The Coverage Review Process uses plan rules based on FDA-approved prescribing and safety information, clinical guidelines and usage that is considered reasonable, safe and effective. You, your doctor or your pharmacy may begin the Coverage Review Process by calling 1-800-753-2851 from 8:00 a.m. to 9:00 p.m., Monday through Friday. The Coverage Review Process usually takes two business days to complete upon receipt of necessary information. You and your doctor will receive written confirmation of approval or denial. The following programs fall under the Coverage Review Process:

Traditional Prior Authorization requires that you obtain pre-approval through a coverage review for certain medications. The review will determine whether your plan covers your prescribed medication. Examples of common medications that may require prior authorization are: Botox and Myobloc, Regranex, Synagis and Respigam, Xolair, medications that may have cosmetic uses, Erythroid Stimulants used for certain anemias, Growth Hormones used to stimulate skeletal growth and Psoriasis medications.

Step Therapy is an automated process used to determine whether you qualify for coverage using factors Medco has on file, such as medical history, drug history, age and gender. If your history does not qualify you for coverage, a prior authorization is required to permit coverage. Certain medications may not be covered unless you have first tried another medication or therapy. These medications are part of this process: Forteo, Revatio, COX-II Inhibitors such as Celebrex, injectable rheumatoid arthritis medications, select high blood pressure (ARB’s) medications such as Benicar, Proton Pump Inhibitors such as Aciphex or Prevacid and select antidepressants such as Lexapro, and Migraine Headache medications such as Imitrex and Maxalt.

Quantity Duration Rules are in place for some medications which require a Coverage Review Process to request additional quantities. These include medications used to help you sleep such as Ambien and Lunesta, selected antifungal medications such as Sporanox and Lamisil, selected migraine medications such as Imitrex and Maxalt, selected nausea medication such as Anzemet and Zofran and erectile dysfunction medications such as Cialis and Viagra.

The Choice Program...Generic vs. Brand Drugs allows you to receive a brand name medication when a generic drug is available; however, you will be responsible for the generic copay plus the cost difference between the generic and the brand drug. If there is a medical reason why you cannot take the generic equivalent, you, your doctor or your pharmacist may initiate the copay appeal process to allow you to obtain the brand drug at the non-preferred copay.

Certain medications are not covered by the prescription drug plan including drugs for weight loss, allergy shots, reusable syringes, immunizations and injectable medication administered in the doctor’s office.

NOTE: All drugs and categories listed above are subject to change.

Questions About Your Prescription Coverage

If you have specific questions about medication or pharmacy participation, contact Medco’s Member Services at 1-800-939-2142, 24 hours a day, 7 days a week. Pharmacists are available around the clock for medication consultations. Medco’s website, www.medco.com offers extensive online resources, including health and benefit information and online pharmacy services.

2010

Employee Assistance Program (EAP)



Balancing the needs of work, family and personal responsibilities can be challenging. To make the balancing act a little easier, Human Management Services, Inc. (HMS) offers a place to turn for confidential assistance. The EAP offers face-to-face assessment and confidential counseling services to employees, pensioners and their dependents enrolled in a non-Medicare health insurance plan and offers confidential assistance in the following areas:

- Marital Relationships
- Family Issues
- Alcohol and Drug Abuse
- Child Care
- Parenting Issues
- Elder Care
- Productivity Problems
- Adolescent Issues
- Balancing Work and Family
- Financial Issues
- Stress Management
- Legal Issues
- Difficult Emotional Problems
- Grief and Loss

To receive an assessment and/or up to five short-term counseling sessions free of charge, call HMS at 1-800-343-2186 or visit HMS online at www.hmsincorp.com to access EAP or Work/Life services. If your HMS professional refers you to another provider for continued assistance you will incur out-of-pocket expenses. Additional information may be viewed at www.ben.omb.delaware.gov/eap

• **Log into the HMS website using the following:**

Username: **Delaware**
Password: **statehms04**

Blood Bank of Delmarva

FIRST FACT!

Every 3 seconds someone needs blood. One pint of blood can save 3 lives. It only takes 1 hour to give blood.

Blood Bank of Delmarva

The State of Delaware provides Blood Bank of Delmarva membership to full-time, permanent State employees as a paid benefit. Part-time employees pay an annual fee of \$5, which is deducted on the first pay of the calendar year or the first pay after enrolling in the Blood Bank.

Membership in the Blood Bank covers you, your spouse and your dependents for any amount of blood needed. In return, the Blood Bank will ask that you “provide” a pint of blood about once every 22 months. You may donate in one of three ways: give the blood yourself, have a friend or loved one give for you or pay the current cost of one pint of blood in our area.

Active State employees enrolling in the Blood Bank for the first time must enroll online through eBenefits and also complete the paper Blood Bank application available from your organization’s Human Resources Office or from the Statewide Benefits, OMB website at www.ben.omb.delaware.gov/blood. The completed application must

be returned to your Human Resources or Benefits Office no later than May 19, 2010.

PLEASE NOTE: If your membership in the Blood Bank has been terminated due to non-fulfillment of your Blood Bank obligation, please contact the Blood Bank directly to discuss reinstatement. If you have any questions about the Blood Bank, please call toll-free at 1-888-825-6638, or in New Castle County, 302-737-8400.

2010

About Your Dental Plan



Delta Dental and Dominion Dental Services administer the State's dental programs for 2010.

Remember:

Enrollment in any of these dental plans is a Binding Election until next year's open enrollment. If you are enrolling in the Dominion Dental HMO—before you enroll make sure your dentist participates in the plan you select. You cannot change plans or drop coverage during the plan year if your dentist decides to no longer participate in the plan. You will be given the opportunity to choose another participating dentist. Call before enrolling to be sure the dentist is accepting new patients.

Delta Dental PPO Plus Premier Plan

This program allows you to visit any dentist you choose and receive applicable benefits. You'll save the most if you visit a dentist who participates with Delta Dental. You do not have to pick a primary care dentist; you are free to choose any dentist for any covered service at any time.

Your Delta Dental program gives you access to two Delta Dental dentist networks at once that offer different degrees of savings. You can choose a dentist from the larger Delta Dental Premier® network or one from the smaller Delta Dental PPO network, which features lower allowances and lower out-of-pocket costs or a dentist who does not participate with Delta Dental. Your choice of dentists can determine the cost savings you receive.

Delta Dental payments vary by service, based on Delta Dental's schedule of allowed amounts for its networks. Reimbursement maximums and deductibles apply. Your annual reimbursement maximum is \$1,500 per plan year per participant. Delta Dental dentists cannot balance bill above the allowed amount for covered services. Additional information can be viewed at

www.ben.omb.delaware.gov/dental/delta including a dentist directory or by contacting Customer Service at 1-800-873-4165.

Dominion Dental HMO Plan (same as a DHMO)¹

Dental Plan 605xs

Dominion Dental's Select Plan emphasizes prevention and early detection of dental problems. Carefully selected, established members of the dental community are contracted to deliver quality dental services. Choose any general dentist from the list of participating dentists to receive care.

Benefits include no charge for oral examinations, routine semi-annual cleanings, bitewing X-rays and topical fluoride for children (after the \$10 office visit copay). These procedures account for over 65% of dental services most frequently performed for adults and almost 90% of the most frequently performed services for children.² More extensive care (fillings, crowns, dentures, root canals, periodontal care, oral surgery, orthodontics, etc.) is covered at fees up to 70% lower than usual and customary charges.³ Specialty care is provided at the listed copayment, whether performed by a participating general dentist or a participating specialist. Referrals to a specialist must be made by the member's participating general dentist.

Features Include: No deductibles, no waiting periods, no pre-treatment estimates, no maximum annual dollar limits, no pre-existing condition exclusions and no claim forms.

Additional information can be viewed at www.ben.omb.delaware.gov/dental/dom or by calling 1-888-518-5338.

¹Same as DHMO with fixed member co-payments, no annual maximum dollar limits, no waiting periods, no deductibles, no pre-authorization paperwork or pre-treatment estimates and no claim forms or proof of loss (except in the case of out-of-area emergencies).

²Dominion Dental Services, Inc. – based on annual review of utilization data.

³Based on the Captiva context fee schedule's 80th percentile fee information.

	Total Monthly Rate	Participating Group Pays	Employee Pays
Dominion Dental HMO <i>Administered by Dominion Dental</i>			
Employee	\$21.28	\$0.00	\$21.28
Employee & Spouse	\$35.64	\$0.00	\$35.64
Employee & Child(ren)	\$43.16	\$0.00	\$43.16
Family	\$50.68	\$0.00	\$50.68
Delta Dental PPO Plus Premier <i>Administered by Delta Dental</i>			
Employee	\$25.10	\$0.00	\$25.10
Employee & Spouse	\$51.22	\$0.00	\$51.22
Employee & Child(ren)	\$50.28	\$0.00	\$50.28
Family	\$83.90	\$0.00	\$83.90

About Your Statewide Supplemental Benefit Plans



These plans are available to all benefit eligible active State Employees and Pensioners. Long-Term Care and Auto/Home Insurance are also available to eligible family members. Information is provided regarding your Statewide Supplemental Benefit options in this section. The benefit options available through this program are as follows:

- **Vision Insurance through VSP® Vision Care**—Enrollment during Open Enrollment only.
- **Legal Insurance Plan through ARAG®**—Enrollment during Open Enrollment only.
- **Auto/Home Insurance through Liberty Mutual**—Enrollment is open year long.
- **Pet Insurance through 24Petwatch Pet Insurance®**—Enrollment is open year long.
- **Long-Term Care Insurance through John Hancock**—Enrollment is open after initial eligibility period with proof of insurability.

***Note:** Vision coverage and Group legal are **Binding Elections**. Once enrolled, you may not drop coverage during the plan year.

You can access information on all of these Supplemental Benefit Programs by logging on to your SmartSavings Discount Marketplace:

1. Go to: <https://smartsavings.motivano.com>
2. Login using the following –
Username: delaware
Password: delaware05
3. Create your own unique username and password.
4. Once you've created your own username and password, you will use them to log into the site.

If you need assistance please call Motivano's Customer Care Team at 1-866-664-4603. Customer Care hours are Monday through Friday from 8:30 a.m. to 8:30 p.m. ET. You can also email CustomerCare@Motivano.com.

IMPORTANT!

The Statewide Supplemental Benefits Program currently offered through the State of Delaware will no longer be offered after June 30, 2011. As a result of this change, the payroll deduction option will end June 30, 2011. If enrolled, you will receive information on how to convert your Group Legal, Auto/Home, Long-term Care and Pet Insurance policies during the first quarter of 2011.

The Vision Plan will continue to be offered after June 30, 2011 but as a separate plan. More details to come as we get closer to the first quarter of 2011.

Vision Benefit through VSP® Vision Care

You only want the best for your eyes and VSP can keep them healthy. Good health and clear vision don't just happen. You need personalized care with annual eye exams, the right glasses or contacts, and a continuous program to catch and treat problems before they become serious health issues. With VSP coverage, you'll keep your eyes healthy while getting great savings on frames, contacts and laser vision correction.

We have exciting news for 2010!

Your vision contributions are going down. Take advantage of these terrific rates now! Get complete plan and coverage information at www.ben.omb.delaware.gov/programs/supplements/vision.

Your Monthly Contributions	
Employee Only	\$8.35 per month
Employee & Spouse	\$13.16 per month
Employee & Child(ren)	\$13.44 per month
Employee and Family	\$21.67 per month

Don't miss your chance to enroll.

Open enrollment is May 3 – May 19. THIS IS A BINDING ELECTION, SO YOU MAY NOT DROP COVERAGE DURING THE PLAN YEAR.

If you are currently enrolled in the VSP benefit, you do not need to re-enroll for the 2010 benefit year. Your coverage will continue at the same level as your 2009 enrollment. For more information, to enroll or change coverage, visit www.vsp.com/go/stateofdelaware or call 1-800-400-4569.

Keep an eye out for enrollment information from VSP.

As employees, you'll receive an enrollment booklet directly from VSP the week of April 19 with everything you'll need to enroll (if not currently enrolled) or to change/terminate your enrollment. If you don't receive the booklet by May 5, contact VSP Member Services at 1-800-400-4569

About Your Statewide Supplemental Benefit Plans



Legal Insurance Plan through ARAG®

Affordable, Flexible Legal Protection

As a State of Delaware employee, you have access to professional attorneys, identity theft case managers, financial counselors and other valuable resources to help you protect all that you work so hard to maintain. **Attorney fees for most covered matters are 100% paid-in-full when you use a network attorney.** Your legal plan is designed to cover your everyday legal needs.

For more information, to enroll or change coverage, visit <http://members.ARAGgroup.com/delaware> or call 1-800-247-4184

- Employee Only = \$18.06 per month.
- Family = \$22.32 per month.

***NOTE:** Group legal is a **BINDING ELECTION**. Once enrolled, you may not drop coverage during the plan year.

** Limitations and exclusions apply. Insurance products are underwritten by ARAG Insurance Company of Des Moines, Iowa, GuideOne® Mutual Insurance Company of West Des Moines, Iowa or GuideOne Specialty Mutual Insurance Company of West Des Moines, Iowa. Service products are provided by ARAG, LLC, ARAG Services, LLC or Advisory Communication Systems, Inc., depending on the product and state. Some products are only available through membership in the ARAG Association LC. This material is for illustrative purposes only and is not a contract. For terms, benefits or exclusions, call our toll-free number.*

Option to convert:

The legal plan will no longer be available after June 30, 2011. As a result of this change, the payroll deduction option will end June 30, 2011. If enrolled, you may convert your coverage to an individual policy. To convert your coverage, please contact ARAG directly at 1-800-247-4184 **within 31 days of the termination** of your coverage. ARAG Customer Care Specialists are available to assist you Monday through Friday, from 8:00 a.m. to 8:00 p.m. Eastern Time.

Auto/Home Insurance through Liberty Mutual

State of Delaware employees and pensioners qualify for auto, home and renters insurance discounts through Liberty Mutual's Group Savings Plus® program. You could receive a discount of up to 10% off Liberty Mutual's auto and home insurance rates. This is possible through Group Savings Plus® - a program that provides an exclusive group discount to employees.

** Discounts and credits are available where state laws and regulations allow and may vary by state. Certain discounts apply to specific coverages only. To the extent permitted by law, applicants are individually underwritten; not all applications may qualify.*

*** Service applies to auto policyholders and is provided by Cross Country Motor Club of Boston, Inc., Boston, MA or through Cross Country Motor Club of California, Inc., Boston, MA. A consumer report from a consumer-reporting agency and/or motor vehicle report on all drivers listed on your policy may be obtained where state laws and regulations allow. Contact Liberty Mutual directly with questions. Coverage provided underwritten by Liberty Mutual Insurance Company and its affiliates.*

For more information or to enroll, visit <https://smartsavings.motivano.com> or call 1-866-664-4603.

The auto/home insurance plan will no longer be available after June 30, 2011. As a result of this change, the payroll deduction option will end June 30, 2011. If enrolled, you will be provided with the choice of a new billing method. The options include Electronic Funds Withdrawal (EFT) from your checking or savings account or a Direct Bill which will be sent to your home address. Liberty Mutual will send a letter, outlining your choices, prior to June 30, 2011.

Pet Insurance through 24Petwatch Pet Insurance®

Don't forget about the medical needs of your beloved family dog or cat. One in three pets will need emergency veterinary treatment each year. 24Petwatch Pet Insurance offers you the most flexible, affordable way to eliminate the financial stress of paying for your pet's unexpected medical costs. Enjoy a 10% group discount.

For more information or to enroll visit www.smartsavings.motivano.com or call 1-866-664-4603.

- You have two different options for your method of payment:
- Payroll deduction: promotion code: br987-276
- Direct Payment from your banking or credit card account: promotion code: br987-277

The pet insurance plan will no longer be available after June 30, 2011. As a result of this change, the payroll deduction option will end June 30, 2011. If enrolled, all payroll deducted premiums will be transferred to a direct bill method. Information will be mailed during the first quarter of 2011.

About Your Statewide Supplemental Benefit Plans



Long-Term Care Insurance through John Hancock

Long-term care insurance is a benefit offered through John Hancock that can help you protect your financial resources and provide peace of mind to you and your family should you or a family member need care. This plan is designed to offer access for affordable coverage that will provide benefits for most long-term care expenses.

For more information or to enroll visit <https://smartsavings.motivano.com> or call 1-866-664-4603.

The long-term care insurance plan will no longer be available after June 30, 2011. As a result of this change, the payroll deduction option will end June 30, 2011. If enrolled, all payroll deducted premiums will be transferred to a direct bill method with no changes in policy, rates or coverage. Forms and information will be mailed during the first quarter of 2011.

Motivano's SmartSavings Marketplace

SmartSavings is a member only discount marketplace that provides you with access to hundreds of brand name retailers and local merchants—all from one website. SmartSavings negotiates the best deals, offers exclusive access to special offers and discounts, and regularly updates the offers to help you stretch your hard-earned dollars. From clothing to vacations, event tickets and computers, you'll find it all on SmartSavings!

To access SmartSavings:

1. Go to <https://smartsavings.motivano.com>
2. Click on Account Login, SmartSavings Marketplace:
 - Username: delaware
 - Password: delaware05

If you need assistance, please call Motivano's Customer Care Team at 1-866-664-4603. Customer Care hours are Monday through Friday from 8:30 a.m. to 5:30 p.m. ET. You can also email us at CustomerCare@Motivano.com.

Insurance Company	Benefits Plan	Toll-Free Number	Payment Options
Liberty Mutual	Auto and Home Insurance	1-800-730-6901	• Payroll deduction* • Direct bill • Automatic transfer from your personal checking or savings account
John Hancock	Long-Term Care Insurance	1-800-432-9724	• Payroll deduction*
ARAG	Legal Services	1-800-247-4184	• Payroll deduction*
VSP	Vision Insurance	1-800-400-4569	• Payroll deduction*
PetCare	Pet Insurance	1-866-275-7387	• Payroll deduction* • Direct payment from your banking or credit card account

* **Note:** Payroll deductions will end as of June 30, 2011. See page 14 "IMPORTANT" (post it note).

For all Statewide Supplemental Benefit Program information, visit www.ben.omb.delaware.gov/programs/supplements.

Other Active Statewide Benefit Programs

Group Universal Life Insurance Program

The Group Universal Life Insurance program, underwritten by Minnesota Life, combines life insurance protection with the ability to accumulate cash value on a tax-advantage basis. It is also designed to follow employees through their careers and life changes. Please go to the Statewide Benefits Office, OMB website at www.ben.omb.delaware.gov/life for additional information on Group Universal Life (GUL), Dependent Life and Accidental Death & Dismemberment Coverage.

Pre-Tax Commuter Benefit Program

The State of Delaware's Pre-Tax Commuter Benefit Program will allow you to save 25% or more on the money you set aside to help pay for your out-of-pocket parking, van pooling or mass transit expenses incurred as you travel to work. The money is deducted pre-tax, meaning you avoid paying Federal and State income tax and FICA taxes on the money you set aside.

Additional information can be viewed at www.ben.omb.delaware.gov/commuter.

State of Delaware Deferred Compensation Plan



State of Delaware 457(b) Deferred Compensation Plan and 403(b) TSA Plan Administered by the State Treasurer's Office

A great way to save for retirement and reduce your current taxes is by participating in the 457(b) and/or 403(b) retirement savings plans, administered by the State Treasurer's Office. Contributions are made through pre-tax payroll deductions and grow tax-deferred. Whether you are starting your career or nearing retirement, the State of Delaware Deferred Compensation Plans can help you build a secure financial future.

Enrollment in Deferred Compensation is open year-round. However, we encourage you to enroll now while you are evaluating your other benefits. Are you already participating? Open Enrollment is a great time to consider increasing your contributions, bringing you another step closer to your retirement savings goals. The benefits of each plan are highlighted below. You can learn more about each plan by visiting our website at www.treasurer.delaware.gov.

State of Delaware 457(b) and 403(b) Plan Comparison

Feature	457(b) Deferred Compensation	403(b) TSA Plan
Eligible Participants	State employees who are pension eligible (Casual-Seasonal employees are not eligible)	All employees working in a public school, charter school, DTCC, DSU and the Dept of Education regardless of pension eligibility
Basic Contribution Limits	\$16,500 in 2010 (IRS may increase or decrease limit each year)	\$16,500 in 2010 (IRS may increase or decrease limit each year)
Age 50 and over Catch-up Limits	\$5,500 in 2010 (IRS may increase or decrease limit each year)	\$5,500 in 2010 (IRS may increase or decrease limit each year)
Other Catch-up Limits	Recapture option Allows employees who are at least 3 years from obtaining normal retirement age the option to increase the amount deferred, up to twice the yearly maximum	No
Match Plan	\$10 per pay after 6 months of participation (Currently Suspended)	No
Distribution of Funds	Age 70 1/2, Upon separation from employment, Unforeseeable Emergency Withdrawal, QDRO, Death	Age 59 1/2, Upon separation from employment, Becomes disabled, Hardship, QDRO, Death
Rollover	Can roll previous employer's pre-tax plans such as 401k, 403b, IRA or 457(b) into the State's 457(b)	Can roll previous employer's pre-tax plans such as 401k, 403b, IRA or 457(b) into the State's 457(b)
Trustee-to-Trustee Transfer (To buy State service)	Yes	Yes
Enroll or Make Changes	www.fidelity.com/atwork	www.myretirementmanager.com/?delaware

2010

State of Delaware – Spousal Coordination of Benefits Policy – Active Employees



The State of Delaware Spousal Coordination of Benefits Policy was instituted on January 1, 1993. The policy states that **if**:

- the state employee's spouse is employed by another employer, **and**
- that employer offers group health coverage, **and**
- the employer pays at least 50% of the premium for the lowest employee only plan, **then**, the spouse must obtain coverage as primary through his/her employer.

The Spousal Coordination of Benefits Policy form must be completed in order to cover your spouse in one of the State of Delaware Group Health Insurance medical plans. The completed form is used to determine a spouse's eligibility to receive primary coverage through the State of Delaware health benefits.

If you cover your spouse in one of the State of Delaware Group Health Insurance medical plans, you MUST complete a new Spousal Coordination of Benefits form each year during Open Enrollment and anytime your spouse's employment or insurance status changes. Failure to complete this form will result in a reduction of spousal benefits.

You MUST complete the form online at www.ben.omb.delaware.gov/documents/cob no later than May 19, 2010. If you do not have access to the internet, contact your Human Resources or Benefits Office for assistance. The form must be completed no later than May 19, 2010.

* If you and your spouse are both benefit-eligible State of Delaware employees/pensioners, you must still complete a Spousal Coordination of Benefits form for the health care carrier's records. A checkbox is located on the Spousal Coordination of Benefits form to confirm your spouse is a benefit eligible State of Delaware employer or pensioner.

REMINDER! After completing the form online, click on "**Printable Summary**" to print a copy of your submission for your records.

If your spouse's employer offers a High Deductible health Plan with a Health Savings Account (HSA), you and your spouse should take careful note of important information regarding these plans on our website at www.ben.omb.delaware.gov/documents/cob.

2010

Double State Share



Are You and Your Spouse Eligible for Double State Share (D.S.S.)?

If you and your spouse are both benefit-eligible State of Delaware employees/pensioners you are eligible for Double State Share (D.S.S.). (Medical plan names beginning with "D.S.S." are Double State Share Plans).

- Husband and wife eligible for Double State Share may choose two individual plans, an employee/spouse plan, or a family plan.
- When electing an "Employee and Spouse" or "Family" medical plan and you choose a D.S.S. plan the Employee Share portion of the medical plan with the State of Delaware is at no cost to you.
- The spouse whose birthday occurs first in the calendar year will carry the coverage and must enroll online through eBenefits and the other spouse must choose the "waive" coverage option when selecting a health benefit. This selection will not impact their enrollment under their spouse's plan.

Delaware Code states that the increment of cost for the options selected by the two employees, which exceeds the cost of two First State Basic family plans, shall be deducted from their salary or pension. Please note: At this time, no two combinations of options that may be chosen exceed the cost of two First State Basic family plans; therefore, there is no cost to the employee eligible for Double State Share.

2010

Benefits Health Fairs



Mark Your Calendar to Attend a Health Fair!

If you have questions about the 2010 Open Enrollment or your benefits, please attend a benefit health fair scheduled at various site locations in each county. Health Fair dates and location information are listed below:

Date	Time	Location	Address
New Castle County			
Monday, May 3, 2010	10 a.m. - 2 p.m.	Carvel State Building 2nd Floor Mezzanine <i>(Elevator is accessible)</i>	820 N. French Street Wilmington, DE 19801 Directions: http://omb.delaware.gov/admin/locations.shtml
Friday, May 14, 2010	2 p.m. - 6 p.m.	Cranston Heights Fire Company Fire Hall	3306 Kirkwood Highway Wilmington, DE 19808 Directions: www.mapquest.com
Kent County			
Wednesday, May 5, 2010	10 a.m. - 2 p.m.	Delaware Technical and Community College, Terry Campus Education & Technology Building – Room 727	100 Campus Drive • Dover, DE 19901 Directions: www.dtcc.edu/terry
Monday, May 10, 2010	2 p.m. - 6 p.m.	The Duncan Center The Outlook Conference Room 5th Floor <i>(Elevator is accessible)</i>	500 W. Lookerman Street Dover, DE 19904 Directions: www.theduncancenter.com
Sussex County			
Friday, May 7, 2010	10 a.m. - 2 p.m.	DHSS Stockley Center All-Star Building	26351 Patriots Way Georgetown, DE 19947 Directions: www.dhss.delaware.gov (click on office locations listed under menu)
Wednesday, May 12, 2010	2 p.m. - 6 p.m.	Bridgeville Vol. Fire Company Station 72 Fire Hall – 2nd Floor <i>(Elevator is accessible)</i>	313-315 Market Street Bridgeville, DE 19933 Directions: www.mapquest.com

2010

Phone Numbers and Websites

Company Name	Phone Number	Website
Aetna	1-877-542-3862	www.aetna.com
Blue Cross Blue Shield of Delaware	302-429-0260 or 1-800-633-2563	www.bcbsde.com
Human Management Services, Inc. (HMS) (Employee Assistance and Work/Life Program)	1-800-343-2186	www.hmsincorp.com USERNAME: Delaware PASSWORD: statehms04
Medco	1-800-939-2142	www.medco.com
Delta Dental	1-800-873-4165	www.deltadentalins.com/ stateofdelaware
Dominion Dental Services	1-888-518-5338	www.dominiondental.com
Blood Bank of Delmarva	302-737-8400 or 1-888-825-6638	www.delmarvablood.org
Motivano, Statewide Supplemental Benefits Administrator	1-866-664-4603	www.motivano.com USERNAME: delaware PASSWORD: delaware05
Ceridian, COBRA Administration	1-800-877-7994	www.ceridian-benefits.com
Office of Pensions	302-739-4208 or 1-800-722-7300	www.delawarepensions.com
Elder Information Hotline	1-800-336-9500	
Statewide Benefits Office, Office of Management and Budget	302-739-8331 or 1-800-489-8933	www.ben.omb.delaware.gov



State of Delaware
Active Employees